



**Coronavirus Disease 2019 (COVID-19) Guidance
For New Jersey Community Providers of Services for
Individuals with Intellectual and Developmental Disabilities**
Topic: Screening of Visitors and Staff in Residential Settings

Every Community Provider of Services for Individuals with Intellectual and Developmental Disabilities is responsible for daily operations and management of its COVID-19 response and must be prepared to manage daily operations during an emergency or other disruption to its normal routine.

The Division of Developmental Disabilities expects providers of services to adhere to the standards and best practices regarding visitors outlined herein as they prepare for and respond to COVID-19.

Providers Should:

- ✓ Regularly monitor the situation on CDC's COVID-19 webpage:
www.cdc.gov/COVID19
- ✓ Subscribe to the CDC's COVID-19 newsletter:
<https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>
- ✓ Regularly monitor the situation on the NJ Department of Health webpage: www.nj.gov/health/cd/topics/ncov

Policy

Individuals may only schedule a visit to the home if the residential provider determines that it is necessary for the health and safety of staff or residents. For example, delivery of food, medications and other critical supplies; the services of medical professionals; or family visits related to critical medical or behavioral treatment.

All staff, contracted professionals, and visitors must be screened for before entering the home, including temperature checks. This includes scheduled staff coming onto each shift. A record of all screenings should be maintained.

The only exception is for first responders who are entering the home to address an emergency.

Individuals that are not entering the home, such as those delivering items like food or laundry, do not have to be screened. The group home manager should establish a designated area outside the home where deliveries should take place. Staff should maintain the recommended distance from delivery personnel, disinfect any packaging before taking into the residence and wash their hands after handling deliveries.

Staff planning travel to any area that is not a U.S. state or territory shall notify supervisors of the areas and countries they will be traveling to at least one week before the departure date.

Staff that show signs or symptoms of a respiratory infection at work will be immediately separated from resident areas and screened for further action.

Individuals that answer “NO” to all screening questions AND have a temperature below 100 degrees will be able to enter the residence.

Individuals that do not clear the screening may not enter the residence, with the exception of staff who answer “YES” to the Question #2, close contact with COVID-19, solely due to continuing care for an infected individual in the residence or other healthcare setting.

Procedure for Entering the Residence - Staff

If, after undergoing screening, staff are permitted to enter the residence, the residential staff should:

- Wash their hands when entering the residence.
- Follow Universal Precautions, including wearing personal protective equipment (if recommended by a healthcare professional) and the guidance of the agency as it relates to preventing the spread of COVID-19.

Procedure for Entering the Residence - Visitors

If, after undergoing screening, the visitor is permitted to enter the residence, the residential staff should:

- Ask the visitor to wash their hands when entering the residence.
- Provide instruction, after washing their hands before the visitor enters the resident's room, on hand hygiene, the location of handwashing sinks, limiting surfaces touched, and use of PPE (if recommended by healthcare professional), according to current residence policy while in the resident's room;
- Limit visitor's movements within the residence to the resident's room (e.g., reduce walking the halls, avoid going to dining area, etc.); and
- Advise the visitor to limit physical contact with anyone other than the resident while in the residence. For example, practice social distancing with no handshaking or hugging and remaining six feet apart.

Alternatives to Visits

In lieu of visits, the Department suggests that residential providers consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families, such as advising to not visit.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the residence's general operating status, such as when it is safe to resume visits.

Screening Questions

1. Signs and symptoms of a respiratory infection

a. Have you had a temperature over 99.9° within the past 24 hours?

******Verify current temperature and record as directed.******

******The thermometer should be completely sanitized between uses.******

b. Have you had a cough, shortness of breath or difficulty breathing?

2. Close contact with someone who has COVID-19.

Have you or someone you live with had close contact with someone* who has tested positive for COVID-19?

**Please note that if the close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting answering Yes to this question does not preclude the staff person working. In this instance, the staff person can continue to work unless they display symptoms and should follow universal precautions including wearing personal protective equipment (if recommended by a healthcare professional).*

Close contact for healthcare exposures is defined as follows: Being within approximately 6 feet of a person with laboratory-confirmed COVID-19 for approximately 10 minutes or more and/or had direct contact with the infectious secretions of a person with laboratory-confirmed COVID-19.

Examples

- Caring for or visiting the person.
- Having unprotected direct contact with infectious secretions or excretions of the patient. For example, being coughed on or handling a dirty tissue.

www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

3. Travel to an area subject to a Level 3 CDC Travel Health Notice

Within the past 14 days, have you traveled to an area subject to a Level 3 CDC Travel Health Notice (See Appendix)?

CDC Travel Notices: www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Supplemental Guidance Adapted from NJ Department of Health on “Contacts of Contacts” of COVID-19 Positive Individuals

Background

More cases of the novel coronavirus (COVID-19) are being identified in New Jersey. Current direction remains that those individuals, including direct support professionals, who have symptoms are to self-isolate and monitor their symptoms at home. There has also been confusion about who is likely to come down with COVID-19, especially about whether “contacts of contacts” of suspected or confirmed cases of COVID-19 are at risk. This guidance is issued in an effort to address this area and was adapted from the NJ Department of Health guidance found here:

www.nj.gov/health/cd/documents/topics/NCOV/COVID19_Guidance%20Contacts_Case.pdf

Guidance related to “Contacts of Contacts”

Person A is diagnosed with laboratory-confirmed COVID-19. If Person B had close contact with Person A, then Person B would be considered “Medium Risk”. In this instance, Person B should remain home, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms and should follow universal precautions including wearing personal protective equipment (if recommended by a healthcare professional). If Person B had casual contact with Person A, then Person B would be considered “Low Risk” and no special precautions other than what is generally suggested (e.g., social distancing, wash hands often) would be recommended.

So long as Person B remains well, any individual (such as Person C) who is a contact of Person B (i.e., children, spouse, co-worker, etc.) is a contact of a contact. Person C is not at risk for infection and would not be subject to self-isolation unless Person B had or developed symptoms or tested positive for COVID-19. Please note that compliance with Executive Order 107 is required for all individuals.

Close contacts are individuals who were within 6 feet of a confirmed COVID-19 case for a prolonged period of time (approximately 10 minutes or more) or had direct contact with the infectious secretions of a COVID-19 case (e.g., were coughed on).

Casual contacts are defined as being in the same indoor environment (e.g., classroom, office, gathering) with a symptomatic confirmed COVID-19 case.

How long should close contacts of a confirmed COVID-19 case who are displaying signs and symptoms remain home while monitoring themselves?

Symptomatic contacts must self-isolate at home until they are fever free for a full 3 days (or 72 hours with no fever without the use of fever reducing medicine) **AND** other symptoms, such as cough and shortness of breath have improved **AND** at least 7 days have passed since symptoms first appeared. After self-isolation ends, the person may return normal activities.

How long should a casual contact of a confirmed COVID-19 remain home and monitor themselves for symptoms?

- Casual contacts of a confirmed COVID-19 case are “Low Risk” and do not have to take special precautions. They should observe for symptoms for 14 days, and self-isolate themselves if these develop. Symptoms of COVID-19 include fever, sore throat, cough, and shortness of breath.
- If symptoms appear, see instructions listed above for *symptomatic contacts*.

Do “contact of contacts” need to take any special precautions?

- No. A person who is a contact of a contact does not have any restrictions and can continue with normal activities such as going to work or school. However, if this person later develops symptoms, see instructions listed above for *symptomatic contacts*.

Person A

- Laboratory-confirmed case
- **Must** self-isolate

Person B

- Contact with laboratory-confirmed case
- If a *close contact*, **must** stay at home, practice social distancing, and monitor for symptoms. An exception would be if Person B is a direct service professional and that close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting. In this instance, Person B can continue to work unless they display symptoms and should follow universal precautions including wearing personal protective equipment (if recommended by a healthcare professional).
- If a *casual contact*, no special precautions are necessary

Person C

- Contact of a Contact
- Unless Person B has or develops symptoms of COVID-19 or tests positive for COVID-19, Person C is not at increased risk and no special precautions are necessary

Valuable Resources

The Centers for Disease Control & Prevention (CDC) has published several guidance documents on infection control and COVID-19. You should review these documents and use them to identify enhancements in your existing infection control policies and emergency preparedness plans for epidemics and pandemics. Although these documents are written for healthcare providers, many of the recommendations are best practices for all providers responsible for the long-term health and safety of individuals in residential and facility-based services.

CDC Hospital Preparedness Assessment Tool:

www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf

CDC Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist:

www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf

Additionally, the Centers for Medicare & Medicaid Services (CMS) is providing updates on its Current Emergencies page, which includes similar documents on infection surveillance and control.

CMS Current Emergencies:

www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV):

www.cms.gov/files/document/qso-20-09-all.pdf

Guidance for Infection Control and Prevention of COVID-19 in nursing homes:

www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

COVID-19 Questions and Answers:

Administrators for New Jersey businesses who want additional guidance on how to manage the risks posed by COVID-19 are invited to contact the Department of Health at 1-800-222-1222 or via email at NCOV@doh.nj.gov. Calling the hotline is the best, fastest way to get answers to your questions about COVID-19. Trained health care professionals are standing by to answer questions about coronavirus. By email, please allow up to 48 hours for a response.